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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e) required)

Attorney Docket Number	RICD 00-21
First Named Inventor	John Schlager
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AUTOMATED METHOD OF IDENTIFYING AND ARCHIVING NUCLEIC ACID SEQUENCES**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/235899	09/28/00	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address belowName **Office of the Staff Judge Advocate**Address **U.S. Army Medical Research and Materiel Command**Address **ATTN: MCMR-JA (ms. Arwine) 504 Scott Street**City **Ft. Detrick** State **MD** ZIP **21702-5012**Country **US** Telephone **301-619-7808** Fax **301-619-5034**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventorGiven Name **John J.** Family Name or Surname **Schlager**Inventor's Signature **John J. Schlager** Date **21 September 01**Residence: City **Bel Air** State **MD** Country **US** Citizenship **US**Mailing Address **705 Lelia Court**

Mailing Address

City **Bel Air** State **MD** ZIP **21014** Country **US**NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventorGiven Name **Richard E.** Family Name or Surname **Sweeney**Inventor's Signature **Richard E. Sweeney** Date **9/24/01**Residence: City **Upper Darby** State **PA** Country **US** Citizenship **US**Mailing Address **7009 Sellers Avenue**

Mailing Address

City **Upper Darby** State **PA** ZIP **19082** Country **US**
 Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Douglas P.		Avery	
Inventor's Signature		Date 21 SEP 2001	
Residence: City	Crofton	State	MD
Country	US	Citizenship US	
Mailing Address 2041 Lake Grove Court			
Mailing Address			
City Crofton	State MD	ZIP 21114	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	Unassigned
	Filing Date	
	First Named Inventor	John Schlager
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	RICD 00-21

I hereby appoint.

 Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
Elizabeth Arwine	45,867
William Eshelman	35,865

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address	
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Country	Zip
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Telephone	Fax
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	John J. Schlager
------	------------------

Signature	John J. Schlager
-----------	------------------

Date	21 September 01
------	-----------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

	Application Number	Unassigned
	Filing Date	
	First Named Inventor	John Schiager
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	RICO 00-21

I hereby appoint:

Practitioners at Customer Number  
OR

Practitioner(s) named below:

Name	Registration Number
Elizabeth Arwine	45,867
William Eshelman	35,865

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Address			
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Country			
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Richard E. Sweeney
Signature	
Date	9/24/01

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	First Named Inventor	John Schlager
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	RICD 00-21

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OR

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William Eshelman	35,865

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Douglas P. Avery

Signature

Date

21 SEP 2001

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\*Total of 3 forms are submitted.